



---

## **§483.25 QUALITY OF CARE F309 – CARE AND SERVICES FOR RESIDENT WITH PAIN**

**Based on QIS CE Pathway CMS-20076 - Pain Recognition and Management**

**<http://www.aging.ks.gov/Manuals/QISManual.htm>**

**Use of this tool is not mandated by KDADS for regulatory compliance nor does its completion ensure regulatory compliance. It is a resident specific review tool to complete on a resident who has pain symptoms or the potential for pain symptoms. Additional critical thinking skills should be applied for a thorough evaluation.**

**DATE DUE:** \_\_\_\_\_

**RESIDENT NAME:** \_\_\_\_\_

**DATE(S) OF COMPLETION:** \_\_\_\_\_

**STAFF COMPLETING RESIDENT REVIEW:** \_\_\_\_\_

**RESIDENT CRITERIA:** Check criteria applicable to resident selected for review.

- ☐ Assessment indicates that s/he experiences pain
- ☐ States s/he has pain or discomfort
- ☐ Displays possible indicators of pain
- ☐ Has a disease or condition or receives treatment that causes pain or can reasonably be anticipated to cause pain
- ☐ Receives or has orders for treatment of pain
- ☐ Selected hospice benefit for pain management

**CODING INSTRUCTION:**

- Review the resident's assessment and care plan to see if the resident's concerns and needs related to pain management were identified and addressed.
- Observe the resident, the care s/he receives and conduct interviews of the resident/family/representative and staff to see if the resident is receiving appropriate care and services for pain management.
- Based on your findings: Check the appropriate box: Yes ☐ No ☐; If the item does not apply to the resident leave the box blank.

## **F309 – RESIDENT PAIN RECOGNITION AND MANAGEMENT**

---

### **Review ASSESSMENT**

**Does Care Area Assessment (CAA) specify or direct to documentation in clinical record** (physician orders, medication administration records, multidisciplinary progress notes, and any specific assessments) that accurately and comprehensively assess the resident's condition related to pain recognition and management including the following:

- ☐ ☐ Description of pain indicators, signs, symptoms, and characteristics
- ☐ ☐ Causes, risk and contributing factors of pain
- ☐ ☐ History of pain and related interventions, including effectiveness and any adverse consequences of such interventions
- ☐ ☐ Impact of pain on resident's function and quality of life
- ☐ ☐ Strengths and abilities of resident that can contribute to decreasing pain or its impact
- ☐ ☐ Response to interventions, including efficacy and adverse consequences and any modification of interventions as indicated
- ☐ ☐ Rationale for care plan objective and goal

### **Review CARE PLAN**

#### **Care Plan:**

- ☐ ☐ Has quantifiable, measurable objective with timeframes to be able to assess whether the objectives have been met
- ☐ ☐ Based upon resident's goals, needs, risks and strengths
- ☐ ☐ Based upon resident choices and preferences, and interdisciplinary expertise
- ☐ ☐ Reflects comprehensive assessment (MDS & CAA)
- ☐ ☐ Promotes resident dignity
- ☐ ☐ Identifies pertinent non-pharmacological and/or pharmacological interventions
- ☐ ☐ Identifies time frames and approaches for monitoring status of pain and effectiveness of interventions
- ☐ ☐ Identifies clinically significant medication-related adverse consequences, such as falling, constipation, anorexia, or drowsiness, and a plan to minimize those adverse consequences
- ☐ ☐ When refers to nursing home protocol for pain recognition and management, deviations from or revisions to protocol for resident are clarified
- ☐ ☐ Protocol referenced in care plan available to caregivers and staff familiar with protocol requirements

#### **If resident receiving Hospice Care, care plan identifies:**

- ☐ ☐ Resident's choice of palliative pain interventions
- ☐ ☐ Staff responsibility for assessing pain and providing interventions
- ☐ ☐ Staff responsibility for monitoring symptoms & adverse consequences of interventions and for modifying interventions

## **F309 – RESIDENT PAIN RECOGNITION AND MANAGEMENT**

---

### **Review CARE PLAN REVISIONS**

**Resident's condition and effectiveness of care plan interventions monitored and care plan revisions based upon following:**

- ☐ ☐ Achieving outcome and/or effects of goals and interventions
- ☐ ☐ Pain resolved and no further treatment needed
- ☐ ☐ Lack of improvement in pain recognition and/or management status
- ☐ ☐ Failure of resident to comply with provision of care for pain management and alternative approaches developed
- ☐ ☐ Change in resident's condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems
- ☐ ☐ Evaluation of resident's level of participation with and response to care plan
- ☐ ☐ Resident's refusal or resistance to services requiring alternative means to address pain recognition and management needs

### **OBSERVE RESIDENT**

**Resident:**

- ☐ ☐ Free of any negative outcomes related to provision of care and services
- ☐ ☐ Free of exhibiting signs or symptoms of pain
- ☐ ☐ Does not verbalize presence of pain
- ☐ ☐ Does not request interventions for pain
- ☐ ☐ Free of pain that appears to affect function or ability to participate in routine care or activities
- ☐ ☐ Free of potential adverse consequence(s) associated with treatment for pain, e.g., medications

**Observe whether staff consistently implement the care plan over time and across various shifts.**

- ☐ ☐ Care provided by qualified staff
- ☐ ☐ Care plan correctly implemented
- ☐ ☐ Staff followed current standards of practice in pain management
- ☐ ☐ Staff identified and addressed resident's pain experienced during care or treatments, e.g. pressure ulcer treatments or therapy
- ☐ ☐ Staff responded appropriately when resident/ family/other staff reported resident was experiencing pain
- ☐ ☐ When pain reported or anticipated, nurse assessed resident and situation, and implemented interventions in attempt to prevent or address pain
- ☐ ☐ Nurse assessed status of resident's pain after implementation of intervention
- ☐ ☐ Nurse respond with alternative interventions when initial intervention did not reduce pain consistent with goals for pain management

## F309 – RESIDENT PAIN RECOGNITION AND MANAGEMENT

### INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE

- ☐ ☐ Were you involved in the development of your pain care plan, approaches and goals?
- ☐ ☐ Do the pain management interventions reflect your choices and preferences?
- ☐ ☐ Do you tell staff when you currently have pain/discomfort?
- ☐ ☐ Do staff respond appropriately when you tell them of your pain?
- ☐ ☐ Are the interventions for pain effective?
- ☐ ☐ Have you ever refused any interventions for pain or expressed they were ineffective?
- ☐ ☐ Did you participate in any discussions about the potential impact of your refusal of pain interventions?
- ☐ ☐ Did staff offer you other alternatives or other approaches for managing your pain when you refused the initial interventions?
- ☐ ☐ Were you involved in revising the pain interventions or strategies when they did not work?
- ☐ ☐ Have you experienced pain in past that was alleviated by any special interventions?
- ☐ ☐ Have staff ever discussed with you any of your pain treatment options (medication and non-medication) that were recalled?

#### **Verbalizes characteristics of the pain (document answers):**

- ☐ ☐ Intensity \_\_\_\_\_
- ☐ ☐ Type (e.g., burning, stabbing, tingling, aching) \_\_\_\_\_
- ☐ ☐ Patterns of pain (e.g., constant or intermittent) \_\_\_\_\_
- ☐ ☐ Location \_\_\_\_\_
- ☐ ☐ Radiation \_\_\_\_\_
- ☐ ☐ Frequency \_\_\_\_\_
- ☐ ☐ Timing \_\_\_\_\_
- ☐ ☐ Duration of pain \_\_\_\_\_
- ☐ ☐ Factors that precipitate or alleviate pain \_\_\_\_\_

### INTERVIEW DIRECT CARE STAFF

#### **Code based on person verbalizing appropriate answers on the questioned issue.**

- ☐ ☐ What signs and symptoms does the resident present that may indicate presence of pain?
- ☐ ☐ What complaints of pain or signs or symptoms of pain do you report and to whom?
- ☐ ☐ What are the interventions for the resident's and do you implement them consistently as directed by the plan of care, (for example, allowing a period of time for pain medication to take effect before bathing and/or dressing)?

## **F309 – RESIDENT PAIN RECOGNITION AND MANAGEMENT**

### **INTERVIEW PRIMARY CARE NURSE OR CHARGE NURSE**

**Code based on person providing appropriate answers on the questioned issue.**

**Identify staff interviewed and their title** \_\_\_\_\_

- ☐ ☐ How and when do staff identify if the resident is experiencing pain and/or circumstances in which s/he may anticipate pain?
- ☐ ☐ How is the resident assessed for pain?
- ☐ ☐ How are interventions for pain management developed and what is the basis for selecting them?
- ☐ ☐ How do staff monitor emergence or presence of adverse consequences of pain management interventions?
- ☐ ☐ When resident receives routine pain medication (including PRN and adjuvant medications), how, when, and by whom are the results of the medication evaluated (including the dose, frequency of PRN use, schedule of routine medication, and effectiveness)?
- ☐ ☐ What is done when the resident's pain persists or recurs despite treatment, and what is the basis for decisions to maintain or modify approaches?
- ☐ ☐ How do staff communicate with prescriber about the resident's pain status, current measures to manage pain, and the possible need to modify current pain management interventions?
- ☐ ☐ When the resident is receiving care under a hospice benefit, how do hospice and the nursing home coordinate approaches and communicate about the resident's needs and monitor the outcomes both effectiveness and adverse consequences?

### **INTERVIEW OTHER HEALTH CARE PROFESSIONALS**

**Complete if care provided or interventions defined do not appear to be consistent with current standards of practice and/or resident's pain appears to persist or recur.** Interview one or more health care professionals as necessary (e.g., attending physician, medical director, consultant pharmacist, director of nursing, or hospice nurse) who, by virtue of training and knowledge of resident, should be able to provide information about evaluation and management of resident's pain/symptoms. If attending physician unavailable, interview the medical director.

**Code based on provision of appropriate answers to following questions**

**Identify staff interviewed and their title:** \_\_\_\_\_

- ☐ ☐ How were the chosen pain management strategies and interventions determined to be appropriate?
- ☐ ☐ How do you guide and oversee the selection of pain management interventions?
- ☐ ☐ What was the rationale for not intervening when it was identified the resident had pain and no intervention was selected and implemented?
- ☐ ☐ What changes in pain characteristics warrant review or revision of interventions?
- ☐ ☐ When and with whom do professional staff discussed the effectiveness, ineffectiveness, and possible adverse consequences of the resident's pain management interventions?

## **F309 – RESIDENT PAIN RECOGNITION AND MANAGEMENT**

---

### **AFTER REVIEW OF FINDINGS, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if facility:**

- ☐ ☐ Recognized and evaluated causes and characteristics of the resident's pain, as well as factors influencing the pain;
- ☐ ☐ Developed and implemented interventions for pain management for resident consistent with the resident's goals, risks, and current standards of practice; or provided a clinically pertinent rationale as to why they did not
- ☐ ☐ Recognized and provided measures to minimize or prevent pain for situations where pain could be anticipated
- ☐ ☐ Monitored effects of the pain interventions and modified the approaches as indicated
- ☐ ☐ Communicated with the health care practitioner when the resident was having pain that was not adequately managed or was having a suspected or confirmed adverse consequence related to the treatment

### **QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE**

- ☐ ☐ Did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify characteristics and/or to determine underlying causes (to the extent possible) of the resident's pain and the impact of the pain upon the resident's function, mood, and cognition? F272
- ☐ ☐ Did the facility develop a plan of care with measurable goals and interventions to prevent (to the extent possible) or manage the resident's pain in accordance with the assessment, the resident/representative's input, and current standards of practice. F279
- ☐ ☐ Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? F282
- ☐ ☐ Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? F280

**FOLLOW UP “NO” ANSWERS TO DETERMINE NEED FOR CORRECTIVE ACTION PLAN AND REPEAT COMPLETION OF TOOL ON SAME RESIDENT WITHIN TWO WEEKS FOLLOWING IMPLEMENTATION OF CORRECTIVE ACTION.**